| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  10 081921     |  |   |                |                                     |                              |                  |          |                      |                        |        |                              |                        |
|---|--|---|----------------|-------------------------------------|------------------------------|------------------|----------|----------------------|------------------------|--------|------------------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                |                                     |                              |                  |          | SMALL ENTITY TYPE OF |                        |        | OTHER THAN<br>R SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   | 26             |                                     |                              |                  | Г        | RATE                 | FEE                    |        | RATE                         | FEE                    |
| FOR   |  |   | NUMBER FILED   |                                     | NUMBER EXTRA                 |                  | 8        | asic fee             | 370.00                 | OR     | Basic Fee                    | 740.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | QO minus 20=   |                                     | •                            |                  | Γ        | X\$ 9=               |                        | ОЯ     | X\$18=                       |                        |
| INDEPENDENT CLAIMS  |  |   | 3 minus 3 =    |                                     |                              |                  |          | X42=                 |                        | OR     | X84=                         |                        |
| MU  | TIPLE DEPEN  | DENT CLAIM PI                             | RESENT         |                                     |                              |                  | <b> </b> | +140=                |                        |        | +280=                        |                        |
| * # 1   | he difference  | in column 1 is                            | less than z    | ss than zero, enter "0" in column 2 |                              |                  | L        | TOTAL                |                        | OR     | TOTAL                        |                        |
| CLAIMS AS AMENDED - PART II   |  |   |                |                                     |                              |                  |          | IOIAL                |                        | JOH    | OTHER                        | THAN                   |
| (Column 1) (Column 2) (Column 3)  |  |   |                |                                     |                              |                  |          | SMALL                | ENTITY                 | OR     | SMALL                        |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |                | HIGH<br>NUM<br>PREVI<br>PAID        | BER<br>OUSLY                 | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |        | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | · 21                                      | Minus          | - 2                                 | .O                           | - ]              |          | X\$.9≤               | 25.00                  | OR     | X\$18=                       |                        |
|   | Independent  | • 3                                       | Minus          | ***                                 | 3_                           | =                |          | X42=                 |                        | OR     | X84=                         | ·                      |
| 2   | FIRST PRESENTATION OF MULTIPLE DEPENDENT   |   |                |                                     | CLAIM                        |                  |          | +140=                |                        | OR     | +280=                        |                        |
|   |  |   |                |                                     |                              |                  | L        | TOTAL                | 250                    | 00     | TOTAL                        |                        |
| ٦.  | -15-07   | (Column 1)                                |                | (Coh)                               | mn 2)                        | (Column 3)       |          | DOTT. FEE            |                        |        | ADDIT. FEE                   |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGH<br>NUM<br>PREVI                | IEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA | Г        | RATE                 | ADDI-<br>TIONAL<br>FEE |        | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total  | • 19                                      | Minus          | **                                  | 21                           |                  |          | X\$ 9=               |                        | OR     | X\$18=                       |                        |
|   | Independent  | • 3                                       | Minus          | 1                                   | 3                            | -                | ļΓ       | X42=                 |                        | OR     | X84= 1                       |                        |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DE     | PENDEN                              | CLAIM                        |                  | 3        | +140=                |                        | OR     | +280=                        |                        |
|   |  |   |                |                                     |                              |                  | A        | YOTAL<br>DOIT, FEE   |                        | OR     | TOTAL<br>ADDIT, FEE          |                        |
|   |  | (Column 1)                                |                |                                     | mn 2)                        | (Column 3)       |          |                      |                        | _      |                              |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | NUA<br>PREVI                        | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |          | RATE                 | ADDI-<br>TIONAL<br>FEE |        | RATE                         | ADDI-<br>TIONAL<br>FEE |
|   | Total .  | •   | Minus          | 818                                 |                              | •                | JΓ       | X\$ 9=               |                        | OR     | X\$18=                       |                        |
|   | Independent  | +   | Minus          | ***                                 |                              | =                | 11       | X42=                 |                        | OR     | X84=                         |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                |                                     |                              |                  | 1        | +140=                |                        | OR     | +280=                        |                        |
| * If the entry in column 1 is best than the entry in column 2, write "O" in column 3. |  |   |                |                                     |                              |                  |          |                      |                        | OR     | TOTAL                        |                        |
| -   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE |   |                |                                     |                              |                  |          |                      |                        |        |                              |                        |
|   | The "Highest Nur   | mber Previously Pa                        | eto For (Total | or Indepen                          | geng) is th                  | e istriesi imisi | en ioun  | RI RID (1)           | du Abusto oc           | . ui Q | POG#184 1.                   |                        |

Application or Docket Number